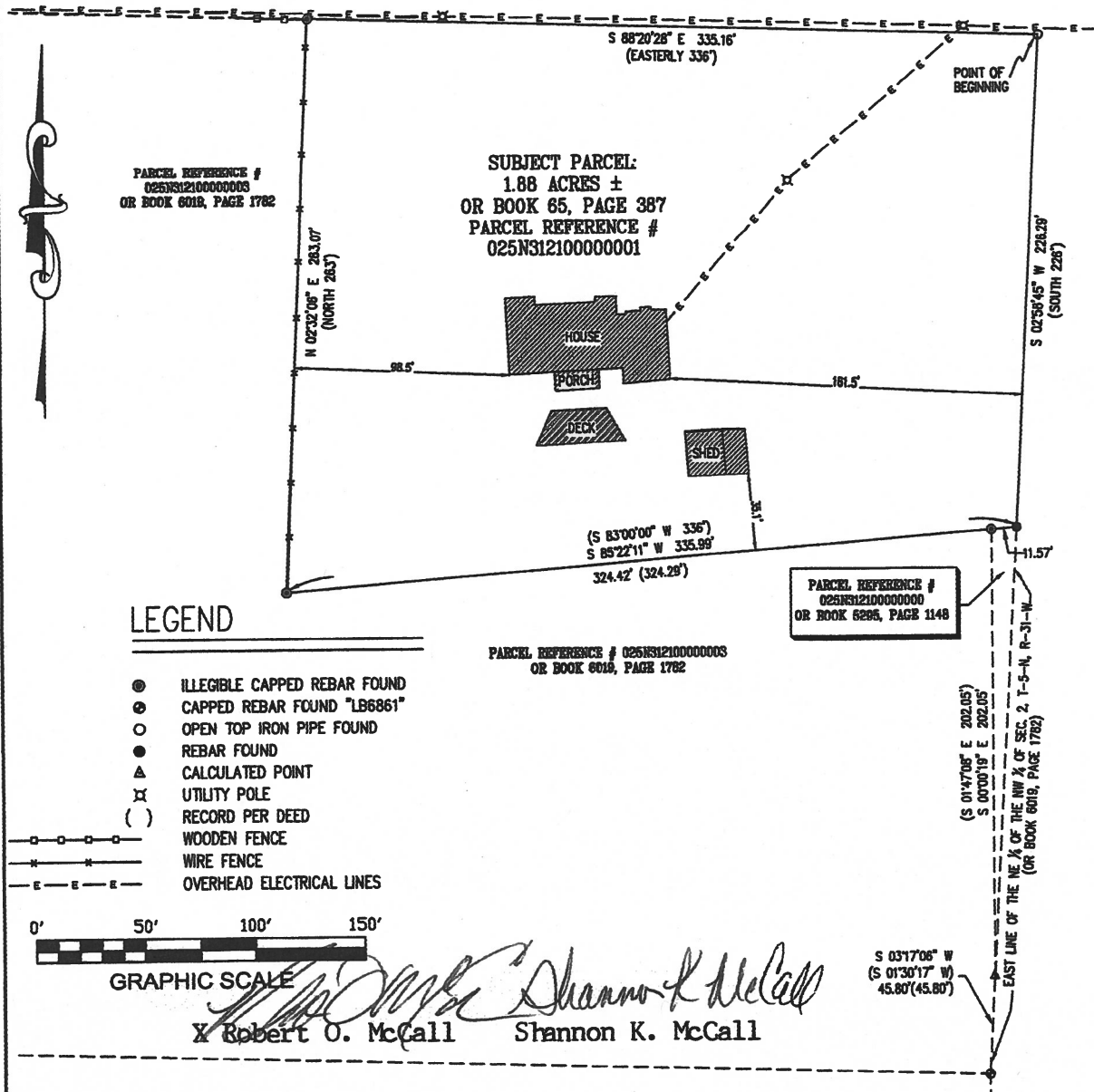


FLORIDA STATE HIGHWAY 4-A (100' R/W)





johnsonsepticTank.com
johnsonsepticTank@gmail.com

1200 Hwy 29, South
Cantonment, FL 32533-6420

850-327-4988 Wonda • 850-336-4988 Billy • 850-516-5469 Evan • 850-516-8017 Ernie

Septic Tank Inspection/Pumping Report

This form is to be used by Licensed Septage Haulers who are inspecting and pumping septic tanks as part of a Time of Sale Inspection or an Operation and Maintenance Permit. This inspection is to be completed by exposing septic tank lids and inspecting the interior of the septic tank. This inspection scope is limited to those details that can be observed by opening an access to the septic tank. Specifically, completing this form does NOT require exposing the entire top of a septic tank.

Name: Shannon Bradley Phone Number: 251-422-6722

Address: 2960 Hwy 4A Century FL 2535

Date Tank(s) Inspected/Pumped: 05/21/2019 Name of Inspector: Ernie Johnson

Total Number of Septic Tanks: <u>1</u>	Material of Septic Tanks: <u>Concrete</u>
Septic Tank Size (gallons): Tank #1 <u>1050</u>	Tank #2 <u>N/A</u> Laundry/Pump Tank <u>N/A</u>

Tank Lid Types: ☐ Precast Sectional Lids ☒ Precast Lid with 2 Access Plugs ☐ Other: _____

Tank Condition: ☒ Walls Structurally Sound ☒ Solid Bottom in Tank ☒ Precast Baffle
☒ Outlet "T" Device ☒ Effluent Filter ☐ Other: _____
☒ Liquid Level at or below the outlet-Tank # 01 ☐ Tank had runback from drain field
☒ Tank Lids intact, showing no signs of damage ☐ Pump and Floats appears to be in working

Drain Field Inspection Report

This portion of the form is to determine the location, depth, and material of the drain field system. This inspection is to be completed by tracing out the individual drain lines, and exposing small portions that is necessary to obtain information. The inspection scope is limited to the details that can be observed at the time of inspection.

Drain Field Material: _____

Number of Lines: _____

Square Footage (estimate): _____

Depth of Drain Field: _____

Other: _____

Drawing of Septic Tank System

Contractor's Signature: Ernie Johnson
Ernie Johnson, Septic Tank Contractors License #SR0101654

Date: 05/21/2019



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

ADAM H. PUTNAM
COMMISSIONER

Section 482.226, F. S. and Rule 5E-14.142, F.A.C.
Telephone Number (850) 617-7997

SECTION 1 - GENERAL INFORMATION

Inspection Company:

Baldwin Gulf Coast Pest Control, INC.

Business License Number: JB 266573

Inspection Company Name

9521 North Century Blvd.

(P.O. Box 571 Atmore, AL 36502)

Phone Number: 888-782-9765

Company Address

Century, FL 32535

Date of Inspection: 04/10/2019

Company City, State and Zip Code

Inspector's Name and Identification Card Number: Nick Jackson

JE 267923

Print Name

ID Card No.

Address of Property Inspected: 2960 Highway 4A Century, FL 32535

Structure(s) on Property Inspected: Residential Home

Inspection and Report requested by: PHD Realty Atmore, AL 36502 251-368-1063

Name and Contact Information

Report Sent to Requestor and to:

Name and Contact Information if different from above

SECTION 2 - INSPECTION FINDINGS - CONSUMERS SHOULD READ THIS SECTION CAREFULLY

THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.

This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.

This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report. Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and qualified to render such opinions. A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.

NOTE: This is NOT a structural damage report. It should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.

Based on a visual inspection of accessible areas, the following findings were observed:
(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. ☒ NO visible signs of WDO(s) (live, evidence or damage) observed.

B. ☐ VISIBLE evidence of WDO(s) was observed as follows:

☐ 1. LIVE WDO(s):

(Common Name of Organism and Location - use additional page, if needed)

☐ 2. EVIDENCE of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence):

(Common Name, Description and Location - Describe evidence - use additional page, if needed)

☐ 3. DAMAGE caused by WDO(s) was observed and noted as follows:

(Common Name, Description and Location of all visible damage - Describe damage - use additional page, if needed)

CONTINUED ON PAGE TWO

SECTION 3 - OBSTRUCTIONS AND INACCESSIBLE AREAS: The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible for inspection. The descriptions and reasons for inaccessibility are stated below:

- ☐ Attic **SPECIFIC AREAS:** _____
 REASON: _____
- ☒ Interior **SPECIFIC AREAS:** Wall voids
 REASON: Inaccessible
- ☐ Exterior **SPECIFIC AREAS:** _____
 REASON: _____
- ☐ Crawlspace **SPECIFIC AREAS:** _____
 REASON: _____
- ☐ Other: **SPECIFIC AREAS:** _____
 REASON: _____

SECTION 4 - NOTICE OF INSPECTION AND TREATMENT INFORMATION

EVIDENCE of previous treatment observed: ☐ Yes ☒ No If Yes, the structure exhibits evidence of previous treatment. List what was observed: _____

(State what visible evidence was observed to suggest possible previous treatment - use additional page, if needed)

NOTE: The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: Air Handler Closet
(State the location)

This Company has treated the structure(s) at the time of inspection ☐ Yes ☐ No
If Yes: Common name of organism treated: _____
(Common name of organism)

Name of Pesticide Used: _____ Terms and Conditions of Treatment: _____

Method of treatment: ☐ Whole structure ☐ Spot treatment: _____

Specify Treatment Notice Location: _____

SECTION 5 - COMMENTS AND FINANCIAL DISCLOSURE

Comments: _____
(Use additional pages, if necessary)

Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: Nick Jackson Date: 05/17/2019

Address of Property Inspected: 9499 Bratt Road Century, FL 32535 Inspection Date: 05/16/2019

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 5/7/2019		
Owner Information		
Owner Name: Shannon McCall		Contact Person:
Address: 2960 Hwy 4A		Home Phone:
City: Century	Zip: 32535	Work Phone:
County: Escambia		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1960	# of Stories: ONE	Email:

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

- ☐ A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) _____
- ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) _____
- ☒ C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	_____	_____	2009	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	_____	_____	_____	<input type="checkbox"/>

- ☒ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the weakest form of roof deck attachment?

- ☐ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

Inspectors Initials DW Property Address 2960 Hwy 4A, Century, FL 32535

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure, or inaccuracies found on the form.

or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: _____
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☒ A. Toe Nails
 - ☒ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
 - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- ☐ Secured to truss/rafter with a minimum of three (3) nails, **and**
- ☐ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- ☐ B. Clips
 - ☐ Metal connectors that do not wrap over the top of the truss/rafter, **or**
 - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☐ C. Single Wraps

Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
 - ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
 - ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- ☐ E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: _____
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- ☒ A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
Total length of non-hip features: 0 feet; Total roof system perimeter: 271 feet
- ☐ B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft
- ☐ C. Other Roof Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☒ B. No SWR.
- ☐ C. Unknown or undetermined.

Inspectors Initials DW Property Address 2960 Hwy 4A, Century, FL 32535

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7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings and (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		X	X	X		X
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				X	

- ☐ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, and 203
 - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
 - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
 - Southern Standards Technical Document (SSTD) 12
 - For Skylights Only: ASTM E 1886 and ASTM E 1996
 - For Garage Doors Only: ANSI/DASMA 115
- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☐ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 and ASTM E 1996 (Large Missile - 4.5 lb.)
 - SSTD 12 (Large Missile - 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☒ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

Qualified Inspector Name: Glenn Wilson	License Type: Home Inspector	License or Certificate #: HI-8238
Inspection Company: Wilson Home Inspections	Phone: 251-238-0379	

Qualified Inspector – I hold an active license as a: (check one)

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Glenn Wilson am a qualified inspector and I personally performed the inspection or (*licensed*
 (print name)
contractors and professional engineers only) I had my employee (NA) perform the inspection
 (print name of inspector)
 and I agree to be responsible for his/her work.

Qualified Inspector Signature: *Glenn Wilson* Date: 5/7/2019

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: *[Signature]* Date: 5/7/2019

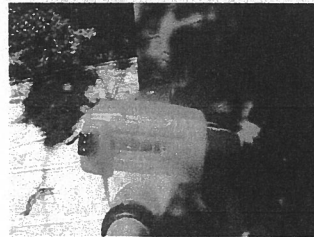
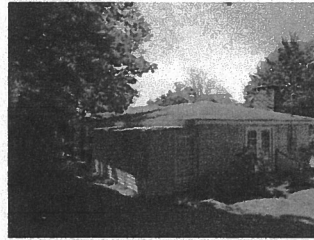
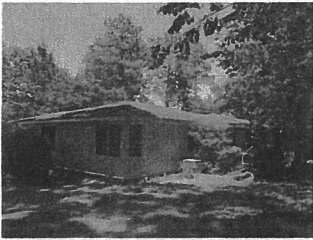
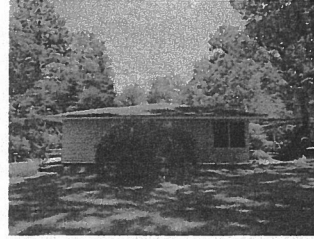
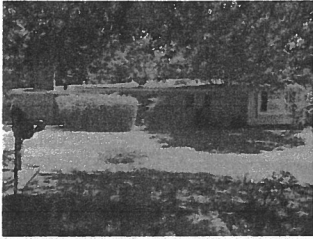
An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

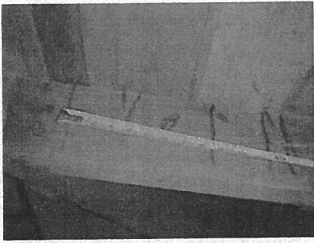
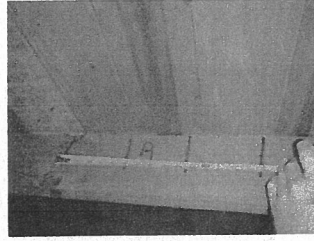
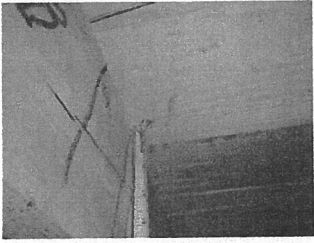
Inspectors Initials *GW* Property Address 2960 Hwy 4A, Century, FL 32535

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

Additional Pictures



Additional Pictures



INSURED/APPLICANT NAME Shannon McCall APPLICATION / POLICY # _____
ADDRESS INSPECTED: 2960 Hwy 4A, Century, FL 32535
ACTUAL YEAR BUILT: 1960 DATE INSPECTED: 5/7/2019

Minimum Photo Requirement:

- ☒ Front elevation ☒ Rear elevation
☒ Main Electrical Service Panel with interior door label
☒ HVAC heating systems equipment (with dated manufacturer's plate)
☒ ALL hazards or deficiencies noted in this report.

A Florida-licensed inspector MUST complete, sign and date this form.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Main Panel: Panel Age: <u>26 YRS</u> Year Last Updated: <u>1993</u> Amps: <u>200</u> Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB: <input checked="" type="checkbox"/> Other (specify): _____	Panel #2 (if present): Year Panel #2 added: <u>1993</u> Purpose of Panel 2: <u>sub panel</u> Amps: <u>100</u> Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input checked="" type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____	Total System Amps: <u>Wiring Type</u> Copper Wiring, NM, BX, Conduit: <input checked="" type="checkbox"/> Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch Wiring*: <input type="checkbox"/> Other (specify): _____
Hazards Present Blowing Fuses or Breakers <input type="checkbox"/> Empty Breaker <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed/Unsafe Wiring <input type="checkbox"/> Electrical Panel Brand/Model <u>GE SQD</u> Other (explain) _____	* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> Entire home rewired with copper <input checked="" type="checkbox"/> Connections repaired via COPALUM® crimp <input type="checkbox"/> Connections repaired via AlumiConn® <input type="checkbox"/>
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____		

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

HEATING SYSTEM

Age of System: <u>12 YRS</u> <u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____	Hazards Present Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central, indicate primary heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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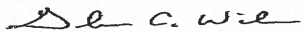
Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

PLUMBING SYSTEM		
Age of System: <u>unknown</u>	Year Last Updated: <u>2011</u>	Deficiencies (check all that apply):
Type of Pipes Copper: <input type="checkbox"/> PVC: <input type="checkbox"/> Galvanized: <input checked="" type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): Pex _____	Is the plumbing system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>		

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)		
Predominant Roof Covering Material: <u>Asphalt</u> Roof Age (years): <u>10 YRS</u> Remaining Useful Life: <u>10 YRS</u> Date of Last Roofing Permit: _____ Date of Last Update: <u>2009</u>	Secondary Roof Covering Material: _____ Roof Age (years): _____ Remaining Useful Life: _____ Date of Last Roofing Permit: _____ Date of Last Update: _____	Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck) Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	Any visible signs of leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Condition of Roof: Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	Overall Condition of Roof: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.</i>		

ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED):

ALL 4-POINT INSPECTIONS MUST BE INSPECTED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

	Home Inspector	HI-8238	5/7/2019
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE

A 4-Point Inspection is required for all homeowner, dwelling and mobile home applications for properties over 30 years old.

The Citizens 4-Point Inspection form includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection submitted for consideration must include at least this level of detail to be acceptable to Citizens.

PHOTO REQUIREMENTS

Photos must accompany each 4-Point inspection submitted to Citizens. The minimum photo requirement for all submissions is a front and rear elevation. However, there are additional photo requirements for a 4-Point inspection such as:

- Open Main Electrical Panel and Interior Door
- HVAC heating system (with dated manufacturer's plate)
- ALL hazards or deficiencies noted

ROOF REQUIREMENTS

The Citizens 4-Point inspection may be submitted in lieu of the Citizens Roof Condition Certification Form (CIT RCF-1) if a minimum of 2 photos of the roof are also provided. This will satisfy the required roof documentation listed in the Citizens Rules Manual.

INSPECTOR REQUIREMENTS

All inspection forms must be inspected and completed by a verifiable Florida-licensed professional. Without a verifiable, certified inspector's dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete a 4-Point Inspection for Citizens in its entirety:

Note: A trade-specific, licensed professional may sign off only on their trade component of the 4-Point inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- A general, residential, or building contractor
- A professional engineer
- A building code inspector
- A building code official who is authorized by the State of Florida to verify building code compliance
- A registered architect
- A home inspector

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. "Acceptable Condition" means that each system is working as intended and there are no visible hazards or deficiencies.

ADDITIONAL COMMENTS OR OBSERVATIONS

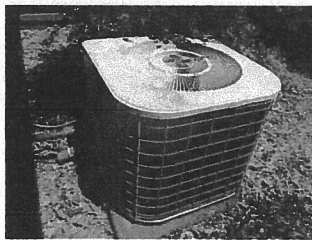
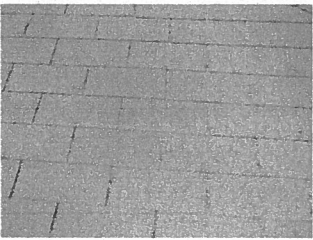
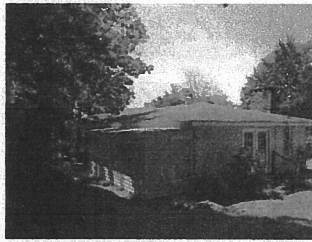
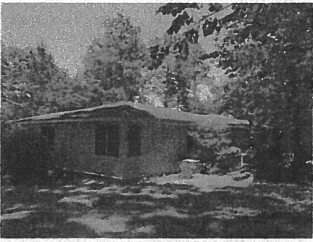
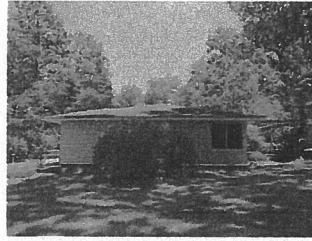
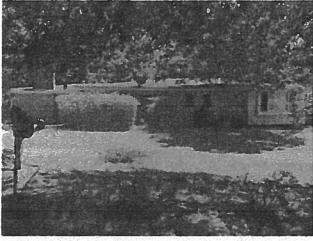
This section of the 4-Point inspection must be completed with full details/descriptions if **any** of the following are noted on the inspection:

- Updates (provide full details of the types of updates, date completed and by whom)
- Any visible hazards/deficiencies are present
- Any system determined **NOT** to be in good working order.

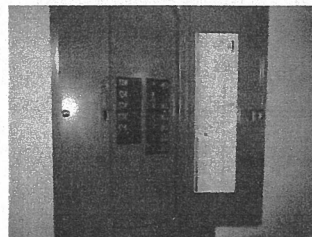
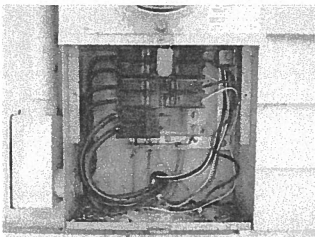
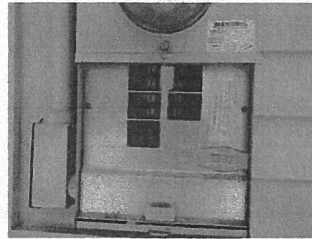
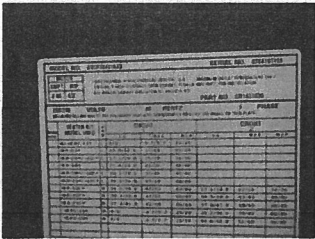
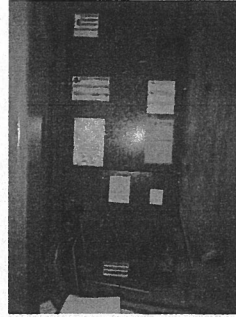
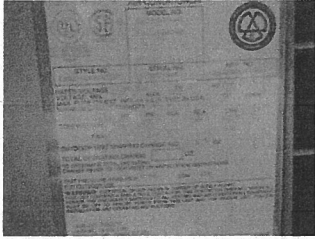
NOTE TO ALL AGENTS

The writing agent must fully review each 4-Point inspection submitted with an application for coverage in advance. It is the agent's responsibility to ensure that all Citizens rules and requirements are met before the application is bound. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards / deficiencies cannot be submitted to Citizens.

Additional Pictures



Additional Pictures



Additional Pictures

